

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	12-22-99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	1/5/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		71868	1-12-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim#	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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